



# **Blue Prints In Rheumatology:** **Linking Basics To Therapeutics**

## **REGISTRATION FORM**

**Name:** .....  
(To be written as you would want it printed on the certificate)

**Mobile No.:** ..... **Email I.D.**.....

**Mailing Address:** .....

.....

**Name of the Hospital / Institution:** .....

**Category (circle one):** Faculty/PG Resident/Intern/Others. (..... )

**Name of the Medical Council with Reg. No.** .....

I, hereby agree to attend the "**BLUE PRINTS IN RHEUMATOLOGY: LINKING BASICS TO THERAPEUTICS**" and I am paying cash / cheque bearing No. . .....dated .....in favour of Indian Rheumatism Association- Karnataka, payable at Bangalore.

**Date:**

**Signature:**

1. Registration form and cash will be accepted in the Department of Clinical Immunology & Rheumatology, Unit of Hope (3<sup>th</sup> floor)

OR

2. Registration form along with cheque favouring St John's Medical college, payable at Bangalore, can be sent to the Organizing Secretary (Dr. Sangeetha K N), Department of Clinical Immunology & Rheumatology, Unit of Hope 3rd floor, St. John's Medical College Hospital, Sarjapur Road, Bangalore – 560034.

3. Registration forms can also be downloaded from [www.stjohns.in](http://www.stjohns.in) .

4. For any clarifications, contact: 9243620295 (9am to 5pm), Email ID: [vineeta.s@stjohns.in](mailto:vineeta.s@stjohns.in)

5. Registration fee: Rs: 100/-

i. Last date for registration 16/10/2017

**Organizing Chairperson:**

**Dr. Vineeta Shobha**  
Head, Department of Clinical Immunology & Rheumatology,  
St John's Medical College & Hospital.

**Organizing Committee**

**Dr. Sheba Charles**  
**Dr. Sangeetha K N**  
**Dr. Sandra Sarah**  
**Dr. Amirtha Gopalan**